

CITY OF MURFREESBORO
PLANNING DEPARTMENT
P.O. BOX 1139
111 West Vine Street, 2nd Floor
MURFREESBORO, TN 37130

TELEPHONE (615) 893-6441
FAX (615) 849-2606

ROBERT LEWIS, PLANNER

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
HISTORIC ZONING COMMISSION

Date Permit Received _____ Date Project Completed _____

Owner _____ Telephone No. _____

Address _____

Location of Property _____

Current Use: _____

Describe property/structure (e.g. architectural style, date constructed and general history,
condition of structure, etc.)

Is the property listed on the National Register of Historic Places?

PROPOSED ACTION: ☐ Alteration ☐ Addition ☐ Demolition ☐ New Const.
☐ Exterior Repairs (No changes)

DESCRIBE IN DETAIL ALL OF THE ACTIONS YOU PLAN TO TAKE ON THIS
PROPERTY. (If you need additional space, please attach a sheet of paper.)

Please supply photographs, scaled drawings of plans, elevations and sections and any other
materials required by the procedures to assist the Commission in its decision.

Architect _____ Tel. No. _____

Address _____

Contractor _____ Tel. No. _____

Address _____

Is the zoning application relevant to this property and the subject modifications or improvements pending or contemplated before the Board of Zoning Appeals, City Planning Commission or City Council?

If so, specify: _____

Who will represent the owner before the Commission? The representative should have the authority to commit the owner to make changes that may be suggested or required by the Commission.

Name: _____ Tel. No. _____

Title or relationship to owner: _____

Address: _____

SIGNATURE OF OWNER: _____

SIGNATURE OF AGENT (when applicable): _____

Please complete the forms and submit them to the office of the Chief Building Official at least (10) ten working days before the regular monthly meeting of the Historic Zoning Commission.

To be completed by City Staff:

Application Received by _____ Date _____

Changes made during the meeting by the applicant, to the original application and accompanied with plan, drawings, photographs and notes (Sec. XIX of Procedures).

Signature of Applicant/Agent Date

- ☐ Application approved without conditions
- ☐ Application approved with conditions noted below
- ☐ Application not approved

Conditions of approval:

Chairperson